

<i>SERFF Tracking Number:</i>	<i>UTCX-125521334</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Utica Mutual Insurance Company</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
<i>Company Tracking Number:</i>	<i>FI AR0951501F01</i>		
<i>TOI:</i>	<i>23.0 Fidelity</i>	<i>Sub-TOI:</i>	<i>23.0000 Fidelity</i>
<i>Product Name:</i>	<i>Fidelity</i>		
<i>Project Name/Number:</i>	<i>Fidelity/FI AR0951501F01</i>		

## Filing at a Glance

Company: Utica Mutual Insurance Company

Product Name: Fidelity

TOI: 23.0 Fidelity

Sub-TOI: 23.0000 Fidelity

Filing Type: Form

Effective Date Requested (New): 04/25/2008

Effective Date Requested (Renewal):

State Filing Description:

SERFF Tr Num: UTCX-125521334 State: Arkansas

SERFF Status: Closed

Co Tr Num: FI AR0951501F01

Co Status:

Author: SPI UticaNational

Date Submitted: 03/04/2008

State Tr Num: EFT \$50

State Status: Fees verified and received

Reviewer(s): Betty Montesi,  
Llyweyia Rawlins, Brittany Yielding

Disposition Date: 03/10/2008

Disposition Status: Approved

Effective Date (New): 04/25/2008

Effective Date (Renewal):

## General Information

Project Name: Fidelity

Project Number: FI AR0951501F01

Reference Organization:

Reference Title:

Filing Status Changed: 03/10/2008

State Status Changed: 03/10/2008

Corresponding Filing Tracking Number:

Filing Description:

Our company(s) would like to implement a revision to our ERISA Application which is currently on file in your jurisdiction.

We have revised the application to include additional questions and to revise the fraud language to refer to our approved fraud addenda.

Status of Filing in Domicile:

Domicile Status Comments:

Reference Number:

Advisory Org. Circular:

Deemer Date:

## Company and Contact

### Filing Contact Information

SERFF Tracking Number:	UTCX-125521334	State:	Arkansas
Filing Company:	Utica Mutual Insurance Company	State Tracking Number:	EFT \$50
Company Tracking Number:	FIAR0951501F01		
TOI:	23.0 Fidelity	Sub-TOI:	23.0000 Fidelity
Product Name:	Fidelity		
Project Name/Number:	Fidelity/FIAR0951501F01		

Melissa Porten, State Filings Systems Analyst melissa.porten@uticanational.com  
180 Genesee Street (315) 734-2569 [Phone]  
New Hartford, NY 13413 (315) 734-2252[FAX]

**Filing Company Information**

Utica Mutual Insurance Company	CoCode: 25976	State of Domicile: New York
180 Genesee Street	Group Code: 201	Company Type:
New Hartford, NY 13413	Group Name: Utica National	State ID Number:
	Insurance Group	
(315) 734-2000 ext. [Phone]	FEIN Number: 15-0476880	
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Product Name:	Fidelity		
Project Name/Number:	Fidelity/FIAR0951501F01		

## Filing Fees

Fee Required?	Yes
Fee Amount:	\$50.00
Retaliatory?	No
Fee Explanation:	
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Utica Mutual Insurance Company	\$50.00	03/04/2008	18308281

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## Correspondence Summary

### Dispositions

<b>Status</b>	<b>Created By</b>	<b>Created On</b>	<b>Date Submitted</b>
Approved	Llyweyia Rawlins	03/10/2008	03/10/2008

*SERFF Tracking Number: UTCX-125521334*

*State: Arkansas*

*Filing Company: Utica Mutual Insurance Company*

*State Tracking Number: EFT \$50*

*Company Tracking Number: FI AR0951501F01*

*TOI: 23.0 Fidelity*

*Sub-TOI: 23.0000 Fidelity*

*Product Name: Fidelity*

*Project Name/Number: Fidelity/FI AR0951501F01*

## **Disposition**

Disposition Date: 03/10/2008

Effective Date (New): 04/25/2008

Effective Date (Renewal):

Status: Approved

Comment:

Rate data does NOT apply to filing.

<i>SERFF Tracking Number:</i>	<i>UTCX-125521334</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Utica Mutual Insurance Company</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
<i>Company Tracking Number:</i>	<i>FIAR0951501F01</i>		
<i>TOI:</i>	<i>23.0 Fidelity</i>	<i>Sub-TOI:</i>	<i>23.0000 Fidelity</i>
<i>Product Name:</i>	<i>Fidelity</i>		
<i>Project Name/Number:</i>	<i>Fidelity/FIAR0951501F01</i>		

<b>Item Type</b>	<b>Item Name</b>	<b>Item Status</b>	<b>Public Access</b>
<b>Supporting Document</b>	Uniform Transmittal Document-Property & Casualty	Approved	Yes
<b>Form</b>	ERISA Application	Approved	Yes

SERFF Tracking Number:	UTCX-125521334	State:	Arkansas
Filing Company:	Utica Mutual Insurance Company	State Tracking Number:	EFT \$50
Company Tracking Number:	FIAR0951501F01		
TOI:	23.0 Fidelity	Sub-TOI:	23.0000 Fidelity
Product Name:	Fidelity		
Project Name/Number:	Fidelity/FIAR0951501F01		

## Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	ERISA Application	8-B-208	Ed. 12-2007	Application/ New Binder/Enrollment		0.00	8-B-208.PDF

☐ Issue    ☐ Quote

**ERISA APPLICATION**  
**Pension Plan And / Or Profit Sharing Plan\***

Plan Name \_\_\_\_\_

Plan Address \_\_\_\_\_

**Bond Amount: \$** \_\_\_\_\_ **FEIN #** \_\_\_\_\_

Amount of Qualifying Assets \$ \_\_\_\_\_ and Non-Qualifying Assets \$ \_\_\_\_\_

Number of Plan Participants: \_\_\_\_\_ Effective Date \_\_\_\_\_

Producer Name \_\_\_\_\_

Requested By \_\_\_\_\_ Phone: \_\_\_\_\_

Number of Trustees \_\_\_\_\_

Any Previous Dishonesty Losses \_\_\_\_\_

Brief Description of Business \_\_\_\_\_

1. Are Plan Assets invested with entities owned or controlled by any Trustee/Sponsor of the plan? ☐ Yes ☐ No
2. Are you claiming a **waiver** of the annual examination and report of an Independent Qualified Public Accountant? ☐ Yes ☐ No
3. **If yes**, are the plan(s) audited by a CPA, Investment House, Third Party Administrator or other \_\_\_\_\_? ☐ Yes ☐ No

**IMPORTANT FRAUD INFORMATION**

See attached "Fraud Statement Addenda" for important Fraud Information regarding the completion of this application. By signing this application you certify that you have read such Fraud Information that applies to you. That addendum will be deemed attached to and made part of this application and to any revisions, supplements or other additions to it.

In witness thereof, I have hereunto set my hand this \_\_\_\_\_ day of \_\_\_\_\_

Witness:

\_\_\_\_\_  
Print Name and Title

\_\_\_\_\_  
Witness

\_\_\_\_\_  
(Signature of Applicant in Full)

**IMPORTANT: THIS APPLICATION MUST HAVE FRAUD STATEMENT ADDENDA, FORM 8-A-419 ATTACHED TO IT TO BE CONSIDERED COMPLETE (SEE "IMPORTANT FRAUD INFORMATION" SECTION ABOVE).**



Insurance that starts with you.

Utica Mutual Insurance Company and its affiliated companies, New Hartford NY 13413



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## **Rate Information**

Rate data does NOT apply to filing.

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<i>Project Name/Number:</i>	<i>Fidelity/FI AR0951501F01</i>		

## Supporting Document Schedules

<b>Satisfied -Name:</b>	Uniform Transmittal Document-Property & Casualty	<b>Review Status:</b>	Approved	03/10/2008
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**Comments:**  
P&C Transmittal Form

**Attachment:**  
AR - NAIC P&C TRANSMITTAL DOCUMENT.PDF


## Property &amp; Casualty Transmittal Document

<b>1. Reserved for Insurance Dept. Use Only</b>	<b>2. Insurance Department Use only</b>	
	a. Date the filing is received:	
	b. Analyst:	
	c. Disposition:	
	d. Date of disposition of the filing:	
	e. Effective date of filing:	
	New Business	
	Renewal Business	
	f. State Filing #:	
g. SERFF Filing #:		
h. Subject Codes		

<b>3. Group Name</b>	Utica National Insurance Group				<b>Group NAIC #</b>	0201
<b>4. Company Name(s)</b>	<b>Domicile</b>	<b>NAIC #</b>	<b>FEIN #</b>	<b>State #</b>		
Utica Mutual Insurance Company	NY	25976	15-0476880			

<b>5. Company Tracking Number</b>	FI AR0951501F01
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## Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]

<b>6. Name and address</b>	<b>Title</b>	<b>Telephone #s</b>	<b>FAX #</b>	<b>e-mail</b>
Melissa M. Porten 180 Genesee Street New Hartford NY 13413	State Filings Systems Analyst	800-274-1914 Ext. 2569	315-734-2252	melissa.porten@uticanational.com
<b>7. Signature of authorized filer</b>				
<b>8. Please print name of authorized filer</b>	Melissa M. Porten			

## Filing Information (see General Instructions for descriptions of these fields)

<b>9. Type of Insurance (TOI)</b>	23.0 Fidelity	
<b>10. Sub-Type of Insurance (Sub-TOI)</b>	23.0000 Fidelity	
<b>11. State Specific Product code(s) (if applicable) [See State Specific Requirements]</b>	N/A	
<b>12. Company Program Title (Marketing Title)</b>	ERISA Application	
<b>13. Filing Type</b>	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input checked="" type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description)	
<b>14. Effective Date(s) Requested</b>	New: 04/25/2008	Renewal:
<b>15. Reference Filing?</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<b>16. Reference Organization (if applicable)</b>	N/A	
<b>17. Reference Organization # &amp; Title</b>	N/A	
<b>18. Company's Date of Filing</b>	March 4, 2008	
<b>19. Status of filing in domicile</b>	<input type="checkbox"/> Not Filed <input checked="" type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved	

# Property & Casualty Transmittal Document

20.	This filing transmittal is part of Company Tracking #	FI AR0951501F01
21.	<b>Filing Description</b> [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]	

Our company(s) would like to implement a revision to our ERISA Application which is currently on file in your jurisdiction. We have revised the application to include additional questions and to revise the fraud language to refer to our approved fraud addenda.

22.	<b>Filing Fees</b> (Filer must provide check # and fee amount if applicable.) [If a state requires you to show how you calculated your filing fees, place that calculation below]
	<div data-bbox="185 1461 295 1516"> <p><b>Check #:</b></p> <p><b>Amount:</b></p> </div> <div data-bbox="159 1757 1304 1812"> <p><b>Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.</b></p> </div>

\*\*\*Refer to each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)